	GN FINANCE REPO		MILWAUKEE COUNTY ELECTION COMMISSION
	MITTEES OF WISC	ONSIN	2010 JAN 25 P 12: 15
Is This Report an Amendment: Yes	□ No		2010 JAN 25 P 12: 15
Instructions for completing schedules are on the I COMMITTEE IDENTIFICATION	oack of each schedule.		RECEIVED
Name of Committee FRIENDS OF JASON HA	AS		
Street Address 3422 S. Rennsylvania A			OFFICE USE ONLY
City, State and Zip Code MIWAU KEE, WI 53207			
Please check if address is different than previously reported,	and complete the Campaign	Registration Sta	tement in the back of this form.
NAME OF REPORT			
January Continuing 2610 Pre-Primary	Spring Fa	II Spec	l
July Continuing Pre-Election	Spring Fa	ıll Spec	Termination Report ial also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Columi	n B
DISBURSEMENTS 1 DECEMPS	This Period	Calend Year-To-	
1. RECEIPTS		1	Date
1A. Contributions (Including Loans) from Individuals	\$ 5100	\$ 5100	
1B. Contributions from Committees (Transfers-In)	\$ 100	\$ 100	
IC. Other Income and Commercial Loans	\$ 5,11	\$ 5.11	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 5205.11	\$ 5205.	(1
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 3148.08	\$ 3148.0	8
2B. Contributions to Committees (Transfers-Out)	\$ 6	\$ O	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 3148,08	\$ 3148.09	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 0		······································
Total Receipts	\$ 5205.01		
Subtotal	\$ 5205.01		
Total Disbursements	\$ 3148,08		
CASH BALANCE END OF REPORT	\$ 2057.03		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0		
LOANS (Balance at the Close of This Period-3B)	\$5100,00	}	
I certify that I have examined this report and to the best o	of my knowledge and belief	it is true, corre	ct and complete.
Type or Print Name of Candidate or Treasurer Sig	nature of Candidate or Treasurer	<u> </u>	Date: 1/23/10

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 1 23/10
Stacle H. Rosenzweig	Stacia & Rosenney	414 - 908 - 0242 Daytime Phone:

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

	1	i	
Page	ţ	_of_	

Complete Com	nittee Name	DA LINAS		
Instructions to	FRIENDS OF JAS	ach schedule		
1 .	r completing schedules are on the back of ea Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
11 1091 10	JASON HAAS	Of Employment (if year-to-date total exceeds \$100)		
	3422 S. Pannsylvania		100,00	100,00
	Milwanker, WI 53207			
	Check if: In-Kind VI oan Conduit	Conduit Name;		
Date	Check if: In-Kind K Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
11 /23 /10	JASON HAAS	Of Employment (ii year-to-date total exceeds \$ 100)		
	3422), Pennsylvania	None	5000,00	2100,00
	JASON HAAS 3422 S. Pennsylvania Milwaukee, WI 53207			
	Check if: In-Kind X Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
<i>I I</i>		Crampoymon (1) year to eath is an excession		
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		, , , , , , , , , , , , , , , , , , , ,		i
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1				
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1				
				. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if: In-Kind Loan Conduit	Conduit Name: Occupation, Name and Address of Principal Place		0.1
Date	Full Name, Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
. / /				
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
	1 da Name, Maning Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
' '				
	Check if: In-Kind Loan Conduit	Conduit Name:		
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	s5100 °°	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL COL	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	s5100°C	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

	ì		
Page	1	of	ì

Co	omplete Committee Name FRIEべりら	oF	JASON	HAAS	

Instructions for completing schedules are on the back of each schedule.

	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
11	123/10	Friends of Greg Kewalski 8817 S. Golden Ct. Franklin, W. 53132		Year-To-Date Total
1,	20	18817 S. Golden Cr.	100,00	100 0.
		Manklin, wi 53132		100,00
		Check if: I In-Kind I Loan		
	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
	1 1		-	Year-To-Date Total
	•			
ľ				
		Check if: In-Kind Loan		
	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
	1 1			Year-To-Date Total
	• •			
		Check if: In-Kind Loan		
	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
	1 1			Year-To-Date Total
	, ,			
		Check if: In-Kind Loan		
	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
	1 1			Year-To-Date Total
	, ,			
}		Check if: I In-Kind I I I I I I		
	Date	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
		•		Year-To-Date Total
	1 1			
		Check if: ☐ In-Kind ☐ Loan		
	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
		, , , , , , , , , , , , , , , , , , ,	, anounc	Year-To-Date Total
	<i>I I</i>			
		Observation Control Control		
	Date	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
		Tall Harrie of Committee, Maining Address and Elp Code	Autount	Year-To-Date Total
	I = I			
	Date	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Annama	Calendar
	Date	The Name of Continues, Maning Address and ZIP Code	Amount	Year-To-Date Total
	1 1			
	D-1-	Check if: In-Kind Loan		
	Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	I = I			Teal-10-Date Total
		Check if: In-Kind Loan		
			\$ 100	
		SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE	\$ (00	
			5	
			s 100 °°	-
		TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	s w	



RECEIPTS Other Income and Commercial Loans

	1	Į	
Page _	`	of 👃	

Complete Committee Name				
FRIENDS	86	JASON	HARS	

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code of Source of Income Date Type of Income Amount I = IFull Name, Mailing Address and Zip Code Date Type of Income Amount of Source of Income Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income 1 Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income Full Name, Mailing Address and Zip Code of Source of Income Date Type of Income Amount I = IFull Name, Mailing Address and Zip Code Date Type of Income Amount of Source of Income Full Name, Mailing Address and Zip Code of Source of Income Date Type of Income Amount Full Name, Mailing Address and Zip Code of Source of Income Date Type of Income Amount Full Name, Mailing Address and Zip Code of Source of Income Date Type of Income Amount I = IFull Name, Mailing Address and Zip Code of Source of Income Date Type of Income Amount 0 SUBTOTAL OTHER INCOME THIS PAGE 0 TOTAL ITEMIZED OTHER INCOME TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS TOTAL OTHER INCOME

DISBURSEMENTS Gross Expenditures

Page 1 of

Complete Committee Name
FRIEWDS OF JASON HIAAS

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
11/23/10	Dermocratic Party of Wisconsin	Obtain voter access	CM In
	110 King Street Suite 203	database	507.70
	Madison, W1 53703	01001011	
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made	1 ' ' '	Millerit
11 123 110	Hogenson Strategies Group	Set up electronic	290.00
	2322 S. Kinnickinnic Ave.	Plage system	0 10.00
	M.Iwank, wis3267		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
12,2,10	Of Person or Business to Whom Payment is Made	Obtain business	88,05
	7680 Victoria St House	checks	80,02
	Deluxe for Business 3680 Victoria St Dorth Shoreview, NEW 55126	C. 4 (K)	
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
12/9/10	Of Person or Business to Whom Payment is Made		<u>-</u>
14/1/10	Hogenson Strategies Group 1322 S. Kinnickinnic Ave	Campaign management, Consulting, literature	2,251.37
	1322 S. Kinnickinnic Ave.	coristining, 11 terature	, -
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
			
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made	openia Purpose of Experiorare	Allouit
1 1			
	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Of Feldon of Business to Timona Laymon, is made		
	O 1217 T 1217 2012		
Date	Check if:	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
· · ·			
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	•		
	Check if:		
	Older II. I mexima ollect		
	SUBTOTAL ITI	EMIZED EXPENDITURES THIS PAGE	s 31 37.12
		TOTAL ITEMIZED EXPENDITURES	\$
	TOTAL UNITER	MIZED EXPENDITURES \$20 OR LESS	\$ 10.96
			3 148,08
		TOTAL EVERNITHINGS	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans Individual, Committee or Commercial

Complete Committee Name	NDS OF JASON	HAR	5			
Instructions for completing schedu	ules are on the back of each schedul	e.				
Full Name, Mailing A	ddress and Zip Code of Loan Source もなから そのからy レッド みんき		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
11 MILWAUK	EE, WI 53207		Ø	510000	0	510000
List All Endorsers or Guarantors (if an	y)		,			
Full Name, Mailing Address and Zip C	ode	Occupation				
of Guarantor	oue	Occupation				
		Name and	Address of Employer			
		Amount Gu	aranteed Outstanding			
		s				
Full Name, Mailing Address and Zip C of Guarantor	ode	Occupation	l			
		Name and	Address of Employer			
		ŀ	aranteed Outstanding			
Full Name, Mailing A	ddress and Zip Code of Loan Source	S	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / /						
List All Endorsers or Guarantors (if any	/)					
Full Name, Mailing Address and Zip Co	ode	Occupation				
		Name and	Address of Employer			
		Amount Gu	aranteed Outstanding			
Full Name, Mailing Address and Zip Co	ode	Occupation				
		Name and	Address of Employer	<u> </u>		
		Amount Gu	aranteed Outstanding			
7 Burnado culo swater	· · · · · · · · · · · · · · · · · · ·	\$		 		
	ddress and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date /						!
List All Endorsers or Guarantors (if any	<i>'</i>)					
Full Name, Mailing Address and Zip Co of Guarantor	ode	Occupation				
		Name and	Address of Employer			
		•	aranteed Outstanding			
Full Name, Mailing Address and Zip Co	ode	\$ Occupation	· · · · · · · · · · · · · · · · · · ·			
of Guarantor		Name and	Address of Employer			
		Amount Gu	aranteed Outstanding			
		.\$				